

NOV. 15. 2005 4:57PM

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NO. 392 P. 2

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TELLABS OPERATIONS, INC.  
LEGAL DEPARTMENT  
1415 WEST DIEHL ROAD  
NAPERVILLE, IL 60563

11/16/2005 TBESHAH2 00000045 500654 09785370

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Cheryl M. Fernandez

(Depositor's name)

*Cheryl M. Fernandez*

(Signature)

November 15, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09785370	02/16/2001	James W. Borchering	FE 00 0013	5034

TITLE OF INVENTION: METHOD AND APPARATUS FOR A DATA FIRST OPTICAL NETWORK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	11/15/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
PEZZLO, JOHN	2662	370-386000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Tellabs Operations, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Naperville, IL USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 1

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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment to Deposit Account Number 500654 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

*Cheryl M. Fernandez*

Date

November 15, 2005

Typed or printed name

Cheryl M. Fernandez

Registration No.

52,611

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